## **Political Organization Notice of Section 527 Status**

OMB No. 1545-1693

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Part   General Information	<del></del>	·	
1 Name of organization For 5.	حالات ا م		Employer identification number
Holmberg tor			41 1979629
2 Mailing address (P.O. Box or number	r, street, and room or suite	e number)	
621 High Plain	ج د آ		
City or town, state, and ZIP code			
Grand Levics.	ND 582	<u> </u>	
3 E-mail address of organization	i (		
Ray@ Holmbergfo	n Schoola.c	OUN	
4a Name of custodian of records	4b C	ustodian's address	
Scott Wordin	İ	Bon 5701	
		•••	
		Growd Funcs	5, 25 58206
5a Name of contact person	5b C	ontact person's address	
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Scott wordin		=	
) CO ( )		Grond Fort	(CS , 201)
6 Business address of organization (if	different from mailing addr	ess shown above). Number, s	street, and room or suite number
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City or town, state, and ZIP code			
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Part II Purpose			
7 Describe the surround of the control	42		
7 Describe the purpose of the organiza	iuon		with the ord Dulle
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	<i>/</i>	<b>-</b>	${\cal Y}$
Instruction			
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Part III List of All Related En	tities (see instruction	s)	
8a Name of related entity	8b Relationship	8c Address	
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9a Name	*	96 Title	ompensated Employees (see instructions) 9c Address
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Under p	enalties of perjury, I decla	re that the organization named i	n Part I is to be treated as an organization described in section 527 of the Interna
Hevenue	Code, and that I have ex , correct, and complete.	amined this notice, including acc	companying schedules and statements, and to the best of my knowledge and belief
	1.0	Λ	
	2 mes Halu	Lao	7 - 30 -00 Date
ign   🕨 👆	ignature of authorized offi	nini )	<b>7</b>

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Form **8871** (7-2000)